

# Safety Town

## 2004 Volunteer Instructor Application



PLEASE PRINT INFORMATION IN BLACK INK — ANSWER ALL QUESTIONS

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Pager/Mobile Number: \_\_\_\_\_ Age: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Pager/Mobile: \_\_\_\_\_

Please check the appropriate boxes:

☐ Male ☐ Female

Have you volunteered at Safety Town before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Do you have ANY medical or physical situation the we should be made aware of?

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Do you take prescription medication? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

Are you a diabetic? ☐ Yes ☐ No

Do you suffer from allergies? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Listed below are the session dates and times for this summer. Please check **all** the boxes beside the session numbers you wish to volunteer for. You may volunteer for more than one session, but you must be able to work the entire two weeks and be at Safety Town each day that you sign up for.



<input type="checkbox"/> Session 1	June 7 – June 18	8:00am – 10:00am
<input type="checkbox"/> Session 2	June 7 – June 18	11:00am – 1:00pm
<input type="checkbox"/> Session 3	June 7 – June 18	2:00pm – 4:00pm
<input type="checkbox"/> Session 4	June 21 - July 2	8:00am – 10:00am
<input type="checkbox"/> Session 5	June 21 - July 2	11:00am – 1:00pm
<input type="checkbox"/> Session 6	June 21 - July 2	2:00pm – 4:00pm
<input type="checkbox"/> Session 7	July 19 - July 30	8:00am – 10:00am
<input type="checkbox"/> Session 8	July 19 - July 30	11:00am – 1:00pm
<input type="checkbox"/> Session 9	July 19 - July 30	2:00pm – 4:00pm

How did you hear about Safety Town? \_\_\_\_\_

There will be a maximum of 25 volunteers selected to work each session. **You may volunteer for more than one session, but you must work every day of each session you sign up for.** You will be notified by telephone if your application has been accepted and what day Volunteer Training will take place. If you have not been notified by May 31, 2004, or have questions concerning volunteer instructors, please contact Corporal J.A. Jeffries at 373-2037.

BE CERTAIN TO COMPLETE THE BACK PORTION OF THIS APPLICATION

# Safety Town

## Waiver and Release



PLEASE PRINT INFORMATION IN BLACK INK

I/We, \_\_\_\_\_, parents/guardians of \_\_\_\_\_, for myself/ourselves and on behalf of said minor child and his/her heirs, executors, administrators or assigns, hereby covenant and agree as follows:

To waive for all parties noted above all claims, demands, actions or causes of action, against the City of Greensboro, its officers, agents and employees, of whatever kind or nature which may arise in any manner by such reason of injury to person or property or both while such child is participating in the Safety Town/Bicycle Program.

To never instigate any suit or action against the City of Greensboro, its officers, agents or employees for damages, loss or injury of any kind for or on account of injury to said minor child's person or property or both which may arise in any manner while he/she is participating in this program.

Photographs, films, and recordings are sometimes made of the participants of Safety Town for class pictures, news releases, and other documentary purposes. I hereby authorize the use of my child's picture to be used in any non-commercial manner by any radio, television, newspaper, City of Greensboro, Greensboro Jaycees, or other officers, agents and employees of the Safety Town Program.

This agreement, waiver and release holds harmless the City of Greensboro, its officers, agents and employees for any injury including but not limited to claims for wrongful death, arising in any manner to said minor child while such child is participating in this program.

I/We have read the foregoing waiver and covenant and understand that it constitutes a formal legal document.

By my/our signature(s), I/we give consent for the above listed minor child to participate in the Safety Town/Bicycle Safety Program for the year of 2004.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_